

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PHH</i>	<i>67619</i>	<i>5/12/00</i>
O.I.P.E. CLASSIFIER		<i>827</i>	<i>06-29-00</i>
FORMALITY REVIEW	<i>PHH</i>	<i>59667</i>	<i>10-15-00</i>
RESPONSE FORMALITY REVIEW	<i>PHH</i>		

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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47	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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106	✓	✓	
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142	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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